

RADIATION USE REQUEST/AUTHORIZATION (IONIZING MACHINE/DEVICE)

(Use supplemental sheets as needed)

(INSTRUCTIONS FOR COMPLETION IN FIELD HELP AND ON SECOND PAGE)

Name, Telephone Number	Organization/Mail Code or Address	Date	Authorization Number
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TO: KSC RADIATION PROTECTION OFFICER

I. MACHINE/DEVICE DESCRIPTION

Manufacturer/Year	Model Number	Serial Number
Type of Machine/Device <input type="checkbox"/> Portable <input type="checkbox"/> Fixed <input type="checkbox"/> Other (Specify) _____	Maximum Rating _____ KVP _____ MA _____ TIME	
Florida Registration <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Registration Number (Attach Copy) _____	
Other (Specify) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

II. AREA CHARACTERISTICS/DESCRIPTION (Attach Sketch Or Drawing)

Building	Room Number	Location <input type="checkbox"/> KSC <input type="checkbox"/> CCAS
Key Control <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Type _____	Interlocks on Door to Area <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Type _____	

Brief Description of Proposed Project/Operation:

III. SYSTEM USERS

(Include Florida Registration No. if applicable)

Area Radiation Officer (ARO):

Use SUPVR/
Custodian: _____
User(s): _____

(Submit completed KSC Form 16-294NS for each individual)

V. PERIOD OF USE

From: _____ To: _____
(maximum 1 year)

IV. PROCEDURES

Operating Procedures: _____
Accident/
Emergency Proc: _____
Maintenance
Procedure: _____
(Submit copies as attachments to this request)

VI. RADIATION PROTECTION REQUIREMENTS

- ☐ Accountability
- ☐ Compliance with KHB 1860.1
- ☐ Compliance with 45th SWI 40-201 (If Applicable)
- ☐ Other

VII. AUTHORIZING SIGNATURES

Health Physics	Date:
KSC Radiation Protection Officer	Date:
45th SW Radiation Protection Officer (If Applicable)	Date:
CHMN, KSC Radiation Protection Committee	Date:

Instructions for Completion

Refer to descriptions and examples as delineated by KHB 1860.1, Section 5 and Appendix B, to complete this form.

- Section I
 - Machine/device description
 - Serial number: include serial number of all major components (i.e. beam generator, power supply)
 - Maximum rating data: applicable only to diagnostic/industrial x-ray units
 - Registration: If machine/device is exempt from registration, specify exemption.
- Section II
 - Area characteristics/description - self explanatory
- Section III
 - System users - indicate ALL users, the designated ARO and use supervisor/custodian.
- Section IV
 - Procedures - self explanatory
- Section V
 - Period of use - maximum period of use is one year with annual renewal required for continual use.

Note: This form will be returned to you after review